PEREZ, JAMES FRANKLIN | Add Interfacility PreScreen | Add Return Clearance | Add IBO | save. | Cancel |

Pre Screening

Date [09/19/2010]   Time: [9:03 PM]   Staff [VIRGO, NICOLE - RN]   [▼]

Health Transfer Summary   ○ Yes ● No   Own meds or med supplies   ○ Yes ● No

☐ Inmate Refused Screening, answers are based on observation only

Reports or appears ill or injured, SA/SI	Accepted ○ Yes	Screening	● Standard ○ Interfacility ○ IBO ○ MSDF
○ Yes ○ No	● No		○ Immediate ○ HOC (used only at HOC)

Details

Reason For Refusal

○ Yes	Unable to participate in the screening
○ Yes	Mobility problem
○ Yes	Chest pain
○ Yes	Dyspnea
○ Yes	Actively bleeding
○ Yes	Untreated injury
○ Yes	Blurred vision, headache, dizziness w/ High BP BP [ ]
○ Yes	Medical problem requiring evaluation (ie labor pain or sickle cell crisis)
○ Yes	Taser injury

Additional clinical information, fill in only if being rejected.

I/M BLEEDING PROFUSELY FROM MOUTH, UNSURE OF SOURCE AS HAS SPIT MASK ON. I/M ALSO SEEM TO BE HAVING LOOSE BOWELS. HX OF SEIZURES, WAS TAKEN TO SINAI EARLIER TODAY FOR EVALUATION PER MPD.

Refusal authorized by: [▼]   ☐ Medical Emergency (check if unable to authorize refusal)

Return Clearance

Return Date	Return Time	Authorizing Medical Facility
Staff [▼]		

EXHIBIT F   tabties